

# NEWS FROM IDAHO

*Idaho Board of Nursing*  
*PO Box 83720—Boise, Idaho 83720-0061*

*Volume 24, Issue 1*

*September 2002*

## **Board Meeting Dates**

November 7-8, 2002  
Deadline: October 7th

February 13-14, 2003  
Deadline: January 13th

May 8-9, 2003  
Deadline: April 8th

July 31-August 1, 2003  
Deadline: July 1st

November 13-14, 2003  
Deadline: October 14th

## **Members of the Board of Nursing**

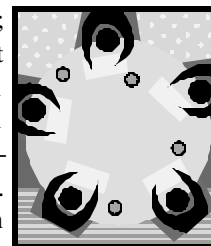
- *Charles Moseley, RNA, Coeur d'Alene, Chairman*
- *Dan Bauer, RN, Boise, Vice-Chair*
- *Claudeen Buettner, RN, Twin Falls*
- *Karen Ellis, RN, Pocatello*
- *Sheri Florence, Consumer, Boise*
- *Analyn Frasure, LPN, Pocatello*
- *Judy Hansen, LPN, Jerome*
- *Dianne Kinney, RN, Payette*
- *Shirley Meyer, RN, Meridian*

## **Board of Nursing Holds Quarterly Meetings**

The Board of Nursing meets on a quarterly basis. The next meeting has been scheduled for November 7-8, 2002 and will be held at the West Coast Park Center Suites, 424 E Park Center Boulevard, Boise, Idaho. If you are interested in attending this meeting and/or require special accommodations, please contact the Board office (208) 334-3110 ext. 25.

Items that you want to have considered by the Board should be submitted to the Board office by the deadline date indicated. Requests from persons wishing to meet with the Board must also be received by the deadline date. All meetings of the Board, except for executive sessions, are open to the public.

During each meeting, the Board holds an open forum for one hour. Individuals may express their concerns or make inquiries of the Board during this time period. No appointment is necessary to make a presentation during the forum; however, you should contact the Board office to confirm the time of the open forum and to make any arrangements for special assistance. Action will not be taken on any issues presented during the forum, but may be placed on the agenda for future meetings. If there are no presentations, the Board will proceed with conduct of regular business.



## **Board Announces Openings**

Charles Moseley, Chairman, has announced the following vacancies to be filled on the Board of Nursing:

- One vacancy to be filled by a person licensed to practice advanced practice professional nursing in the category of Certified Nurse-Midwife, Clinical Nurse Specialist, Nurse Practitioner, or Registered Nurse Anesthetist
- One vacancy to be filled by a person licensed to practice professional (RN) nursing, educated at the associate degree or diploma level
- One vacancy to be filled by a person licensed to practice practical nursing

Appointments will be for the period April 1, 2003 to March 31, 2006. Interested groups or individuals should submit nominations directly to the Office of the Governor, PO Box 83720, Boise, Idaho 83720-0034.



### Programs Receive Board Approval

## Education Program Approvals

During their May 16-17, 2002 meeting, the Board granted continuing approval to the following nursing education programs:

- Boise State University, Boise, PN Program for a period ending 6/30/04
- Boise State University, Boise, BSN Program, for a period ending 6/30/04
- North Idaho College, Coeur d' alene, PN Program ending 9/30/02



## Significant Board Actions

At their May 16-17, 2002 meeting, the Board of Nursing members took the following actions:

- Approved the National Council Licensure Examination for RNs and LPNs (NCLEX-RN/PN) as the examination for licensure of professional and practical nurses in Idaho
- Adopted the "Standards for Drug/Alcohol and Mental Health Preliminary Screening" and Standards for Urine Drug Screening" developed for use by the Program for Recovering Nurses Program
- Granted presumptive approval to the professional nursing education program at the University of North Dakota, Grand Forks, ND
- Determined that on-site survey visits of nursing assistant programs shall be conducted every five (5) years, or as indicated in the annual report to the Board of Nursing



At their August 8-9, 2002 meeting, the Board of Nursing members took the following actions:

- Granted approval for the course of instruction, "Clinical Preceptorship for Outreach Facilities" offered by Eastern Idaho Regional Medical Center, Idaho Falls.
- Granted an extension to the continuing approval to the practical nursing program at North Idaho College, Coeur d' alene, Idaho for the period ending 6/30/2003.



## Nurse Aide Training Program Approvals



During their August 8-9, 2002 meeting, the Board granted continuing approval for the period ending 9/1/2003 for nursing assistant programs conducted by:

- Boise State University, Boise
- College of Southern Idaho, Twin Falls
- Eastern Idaho Technical College, Idaho Falls
- Idaho State University, Pocatello
- Lewis-Clark State College, Lewiston
- North Idaho College, Coeur d' alene
- Secondary programs administered under the authority of the Idaho Division of Professional-Technical Education.



## Disciplinary Action Taken by the Board

### Board Meeting—May 2002



Deena Criddle, PN—issued an Order of Revocation based on Voluntary Surrender

Randi Hadley, PN—issued an Order of Revocation based on Voluntary Surrender

Kristine McAllister, PN—issued an Order of Revocation based on Voluntary Surrender

Tamara Thurlow, RN—issued a Order of Revocation based on Voluntary Surrender

Janice Cameron, PN—issued an Order of Revocation based on Voluntary Surrender

Joan Cameron, RN applicant—affirmed the Notice of Denial of Application for Licensure by Endorsement

Donna Hess, PN Applicant—affirmed the Notice of Denial of Application for Licensure by Endorsement

Garry Stewart, RN Applicant—affirmed the Notice of Denial of Application for Licensure by Endorsement and Withdrawal of Temporary Licensure

Wendy Acosta, PN—issued a limited license with conditions

Mary Rogers, RN—issued a limited license with conditions

Timothy Anderson, PN—denied the request for reinstatement of licensure



Corinne Vaught, RN—denied the request for reinstatement of licensure

### Board Meeting—August, 2002



Laura Pedersen, RN—issued an Order of Revocation based on Voluntary Surrender

Darrel McMahon, RN—issued an Order of Revocation based on Voluntary Surrender

Jacqueline Shelton, PN Applicant—affirmed the Notice of Denial of Application for Licensure by Reinstatement

Marjorie Jennings-Long, RN—issued a limited license with conditions

Lorali Strander, PN—issued a limited license with conditions

Rena Taylor, PN—denied the request for reinstatement of licensure

Kenneth Paul, RN—affirmed the withdrawal of limited license and denied the request for further limited licensure. Denied request for reinstatement of licensure.

## Item Writers and Reviewers Needed

Nurses from all geographic regions of the National Council of State Boards of Nursing (NCSBN) membership are needed for the Item Development Program. While all nurses are welcomed to apply, nurses are especially needed from areas I and IV. There is also a need for nurses who work with newly licensed LPN/VNs or teach in LPN programs. Both RNs and LPNs can write and review items for the NCLEX-PN® examination.

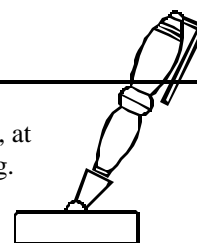
A complete description of qualifications for the item development panels can be found on page 4. All item development sessions are held in Chicago, Illinois. Interested individuals can call the Item Development hotline at 312/787-6555 ext 496, for an application to join an item writing or review panel. For further questions about the Item Development Program, please contact Harlene



Pearlman, MS, RN, NCLEXiContent Associate, at 312/787-6555 ext. 174 or hpearlman@ncsbn.org.

Area I Boards: Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington, Wyoming

Area IV Boards: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands



**NCSBN  
NEEDS  
YOUR  
HELP**

## NCLEX-Item Development Panel Qualifications

There are three NCLEX-Item development panels: item writers, item reviewers and panel of judges. To qualify for any of these programs, you must be:

1. Currently licensed in the jurisdiction where you practice.
2. A registered nurse (RN) for the NCLEX-RN exam or a licensed practical/vocational nurse (LPN/VN) or RN for the NCLEX-PN exam.

### ITEM WRITERS

Items writers create the questions ("items") that are used for the NCLEX examinations. In addition to the qualifications above, you must have a master's or higher degree (for the NCLEX-RN exam only), and you must be responsible for teaching basic/undergraduate students in the clinical area OR currently employed in clinical nursing practice AND working directly with nurses who have entered practice within the last 12 months.

### ITEM REVIEWERS

Item reviewers examine the items that are created by item writers. In addition to the qualifications listed above, you must also be currently employed in clinical nursing practice AND working directly with nurses who have entered nursing practice during the past 12 months.

### PANEL OF JUDGES

The panel of judges recommends potential NCLEX passing standards to the NCSBN Board of Directors. In addition to the qualifications listed above, you must be currently employed in clinical practice AND working directly with nurses who have entered nursing practice during the past 12 months. A basic/undergraduate faculty member will serve on the panel, as will a newly licensed nurse.

Contact the NCSBN at 312/787-6555 ext. 496 for an application or for additional information.



## Licensed Practical Nurse Renewal Information

The renewal period for licensed practical nurses (LPNs) was completed August 31, 2002 with 2,979 licenses being renewed by that date. Late renewals will continue to be processed as received. White "verification of Licensure" cards enable employers to verify current licensure during the time period that a renewal is being processed. Employers are also encouraged to utilize the Board's Interactive Voice Response (IVR) System to verify current licensure for their employees by calling (208) 334-3110 and following the instructions.

Each year, a large number of renewal applications are returned to the Board office by the post office because of a change in address. Although the post office provides a limited time of forwarding

mail, this does not relieve the licensee of the responsibility of keeping the Board informed of changes in address and/or name.

Licensees who fail to timely renew their license will be assessed a late fee. Additionally, licensees who continue to practice nursing without current licensure may be assessed an administrative fine of up to \$100 for each separate offense not to exceed \$1000. A reprimand may be issued for working without current licensure.

Please note: The Board does NOT accept or send faxed renewal applications. Renewal applications can be sent by Federal Express if the licensee provides a credit card number to pay for the mailing.



## Emeritus Status License

Effective July 1, 2002, a revision in the Nursing Practice Act allows for a nurse who desires to retire for any length of time from the practice of nursing in this state, to surrender the current license, submit an application and reduced fee and have the license placed on inactive status. The licensee is permitted to continue to use the appropriate title, but may not practice nursing in the state of

Idaho. During the recent practical nurse renewal period, 27 licensees elected to apply for the Emeritus Status license.

If you need more information regarding this status, feel free to contact the Board office at (208) 334-3110 ext. 21.



## Duplicate Licenses Issued

The following persons have been issued duplicate license certificates during the period March 13, 2002 through September 5, 2002. These licensure certificates have been reported as lost, stolen, never received in the mail, or issued because of a name change. Duplicate certificates are identical to the original certificate with the exception of the word DUPLICATE typed above the name. Any person presenting one of the following certificates without the word DUPLICATE indicated should be considered suspect, and the Board of Nursing should be notified.

### Licensed Professional Nurses (RN) Licenses expire 8/31/2003

Jan C Williams	N-22435
Shannon Wood	N-19960
Cynthia Dawson	N-29903
Maureen Boyle	N-14223
Carol McGrath	N-28404
Linda Demeo	N-17597
Ramona Stribling	N-27288
Stacey Gifford	N-27586
Cari Martin	N-30315
Phyllis Knox	N-21817
Jesica Danford	N-22926
David Browne	N-24937
Christy Battelle	N-25491
Katherine Steuart	N-15199
Margo Nicholls	N-17216
Lisa Rammell	N-24701
Lissa Tuttle	N-27058
Shari Rogler	N-24356
Georgina Schmidt	N-30666
Diana Crumb	N-26368
Angela Shinoskie	N-30822
Brigette Messa	N-24198
Rebecca Hastings	N-31101
April Heckerman	N-28592
Betty Wisdom	N-31068
Judy Loop	N-10937
Sandra Christiansen	N-27036
Cynthia DeKuiper	N-29644
Eileen Donnelly	N-12272
Michelle Hopkins	N-22462
Yvonne Carson	N-30616
Christopher Lipp	N-30749
Ellee Reichert	N-31200
Susan Ritchie	N-16484
Christine Eineichner	N-29544
Monica Willis	N-25927
Joel Cannon	N-26502

Mindy Babbitt	N-29451
Jeanne Thompson	N-29699
Norma Tulloch	N-10723
Kathleen Thomas	N-8599
Elisabeth Van Hees	N-31262
Erinn Neilson	N-30500
Martin Thiede	N-30197
Jacalyn McCabe	N-26077
Karen Kisling	N-22560
Sherry Kroon	N-30329
Kristin Pieper	N-2958
Mickey Davidson	N-11423
Amy Galloway	N-26666
Heidi Lossmann	N-31238
Tricia Muth	N-30776
Allyson Bates	N-28274
Jill White	N-29302
Heather Harja	N-31457
Shelly Scariano	N-25117
Joseph Cardona	N-30964
Mollie Flerchinger	N-19779
Katie Weller	N-30504
Valerie Parkin	N-31440
Amy Davis	N-26890
Alisa Jeffs	N-22294

### Licensed Practical Nurses (LPN) Licenses expired 8/31/2002

Nancy Sadler	PN-8694
Staci Shryock-Lowry	PN-11188
Leah Leavitt	PN-11986
Isabel Borba	PN-11497
Marlene Link	PN-11046
Sasha Schroeder	PN-11341
Kristin Sanchez	PN-9698
Israel Rodriguez	PN-9485

### Licensed Practical Nurses (LPN) Licenses expire 8/31/2004

Joann Koehn	PN-12030
Janice Murray	PN-8076
Arlene Adams	PN-5418
Gail Slane	PN-9249
Donna Tilley	PN-3229
Peggy Savage	PN-10269
Cindy Day	PN-11509
Roberta Konkright	PN-10645
Denise Schwieder	PN-12160
Suzan Allmark	PN-9233
Connie Bly	PN-7851

### Advanced Practice Professional Nurse Licenses Expire 8/31/2003

Eileen Boge	RNA-70
Shari Rogler	RNA-346
Richard Boyce	RNA-515
Tracy Young	NP-480A
Catherine Fitzpatrick	NP-209A
Cynthia DeKuiper	NP-488A
Amy Galloway	NP-549A



## Proposed Changes to Administrative Rules

The Board of Nursing is proposing revisions to existing administrative rules that will impact licensed professional (RN) and licensed practical (LPN) nurses practicing in Idaho.

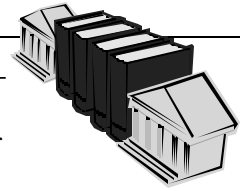
The revisions being proposed address the practice sections of existing rules, and serve to 1) consolidate and renumber existing rules; 2) provide clarification and structure to defined scopes of practice for LPNs and RNs; 3) delete detailed listings of nursing functions for each category of licensure, replacing them with a standard for decision-making within each respective scope of practice; and 4) clarify parameters for and responsibilities when delegating nursing functions to unlicensed assistive personnel (UAPs). These revisions will accomplish the following objectives:

- Revise existing definitions to delete selected terms, redefine key terms and add definitions for new items.
- Clarify the decision-making process for determining scope of practice, the step-by-step process of determining scope based on educational preparation, demonstrated competence, accepted standards and institutional policy
- Establish direction for the decision to delegate, address-

ing the responsibilities of the licensed nurse and parameters for appropriate delegation to other care providers, including UAPs

- Clearly define RN practice consistent with the broad range of professional and practice responsibilities and settings for RNs, including education and competence requirements for RNs practicing in clinical specialties
- Clearly define LPN practice as a dependent, directed scope of practice
- Clarify the complementary role of UAPs performing delegated nursing functions and establish limitations on functions that may be delegated to UAPs by licensed nurses.

The proposed rules are available on the Board of Nursing's web site at <http://www2.state.id.us/ibn/ibnhome.htm> or contact the Board of Nursing at (208) 334-3110 ext. 21.



## Nurse Aide Registry

Effective October 1, 2001, the Board of Nursing no longer had information regarding the Nurse Aide Registry. All inquiries regarding application for placement on the Registry, renewal applications, test schedules, qualifications for testing, or the status of a nurse aide must be directed to the Idaho State Registry operated by the Idaho Department of Health and Welfare. You may contact the Registry at:

Mail: PO Box 83720, Boise, ID 83720-0036  
 Phone: 1/800-748-2480 (local—334-6620)  
 Fax: (208) 334-6515  
 E-mail: IDNAP@idhw.state.id.us

Inquiries regarding nursing assistant practice as it relates to delegation by a licensed nurse should be directed to the Board of Nursing at (208) 334-3110 ext. 21.



## Expired Licenses Report - LPNs

Watch the mail for your copy of the "Expired Licenses Report", which lists licensed practical nurses who did not renew their licenses by the deadline date of August 31st (nurses who renewed prior to the September 12th report print date will not be included on the report). Please review the report carefully; if you have nurse employees whose names appear on the list, have the individual con-

tact the Board of Nursing office (208) 334-3110 ext. 23 or request a copy of their current licensure certificate. You can also check licensure status by calling the Board's IVR system at (208) 334-3110 and following the menu options.



## The Parable of the UPs and DOWNs



I want to share with you a story. I don't know where it originally came from. I heard it told by Katie Sherrod, a journalist with the *Fort Worth Star Telegram*. It's called "The Parable of the UPs and DOWNs." I challenge you to think of yourself in both roles. The parable goes like this....

What makes an UP an UP and a DOWN a DOWN, is that an UP can do more to a DOWN than a DOWN can do to an UP. That's what keeps UPs up and DOWNs down. The UPs tend to talk to each other and study the DOWNs, asking the DOWNs about what's up, or what's coming down for that matter. The DOWNs spend a lot of time taking the UPs out to lunch, to dinner, to explain their DOWNness. The UPs listen attentively, often in amazement about the experiences of being a DOWN. They contrast one DOWN's experience with another DOWN's experience and at times don't worry too much about what the DOWNs are up to because the DOWNs really never get it together. If they did, the UPs would have to shape up.

After a while, the DOWNs weary of talking to the UPs. They tire of explaining and justifying their DOWNness. They think, "If I have to explain my DOWNness one more time, I'll throw up." And so they form a process which they call "networking and support groups." This makes the UPs nervous. You know, three UPs is a board meeting; three DOWNs is a pre-revolutionary activity.

Some UPs hire DOWNs, dress them up, and then send them down to see what the DOWNs are up to. We sometimes call this "affirmative action" or in our business, "advisory groups or task forces." This creates a serious problem for the DOWN. That DOWN doesn't know whether he or she is an UP or a DOWN. That's why DOWNs in the middle often burn out. The UPs think they are really trying to understand DOWNness. Of course, the UPs never have to explain their

UPness—that's why they are UPs rather than DOWNs.

There is good news and bad news in this parable. The good news is we are all both UPs and DOWNs. The bad news is that when we're UP we are often stupid. That is not because UPs are not smart, It's that UPs don't have to pay attention to DOWNs the way DOWNs have to pay attention to UPs. DOWNs always have to figure out what UPs are up to. But, the only time UPs worry about DOWNs is when DOWNs get up-pity.

I used to think that when a DOWN became an UP he or she would carry over the insights gained from being a DOWN. Not so.

Who often has more insights about how society functions, how organizations functions, about what's really going on? Frequently, it is the DOWNs, not the UPs. UPs are too busy trying to maintain the system, to generate insight into what's really going on or how to change it. So, our source of insightful information comes from DOWNs, not from UPs. Yet it is the UPS we often call leaders.

Leadership is not magic. The best leadership is the empowering of people to engage with their world. It is the crossing the UP/DOWN lines to understand and act together. leadership is less command *over* others than it is service *with* others.

Few in the world have had to deal with more rapid changes as regulation has in the past decade. These days, we are challenged with getting rid of the arbitrary UP/DOWN relationships based on traditional lines of authority. We need to find ways of standing side by side—with consumers, with advocacy groups, with the profession, with each other—so that we can eliminate the barriers to creating a new vision for the future.

*Excerpted from a speech by Kathy Thomas, TXRN, at the NCSBN Annual Meeting, August 16, 2002.*

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## 2001 Employers Survey

The National Council of State Boards of Nursing (NCSBN) has published a Research Brief, "Report of Findings from the 2001 Employers Survey" which was conducted using a stratified random sample of 1,502 employing facilities. The sample was then stratified by type of setting and by area of the country. For the background, methodology and survey findings and conclusion, contact the National Council at [www.ncsbn.org](http://www.ncsbn.org) for a copy of the research brief.

## NCLEX üLicensure Examination Process

The NCLEXü examination is designed to test knowledge, skills, and abilities essential to the safe and effective practice of nursing at the entry level. The NCLEXü examination is administered in the United States, American Samoa, the District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands. The use of the same examination by all jurisdictions facilitates licensure by endorsement from one board of nursing to another.

NCS Pearson will be conducting NCLEX test administration sessions in Pearson Professional Centers beginning October 1st. To take the NCLEXü examination, candidates must meet criteria defined by each Board of Nursing and register for the examination with Pearson Professional Centers using one of the registration methods listed below:

### **Register On-Line—**

- Go to the NCLEX Candidate Web Site ([www.vue.com/nclex](http://www.vue.com/nclex)) and select the Registration option
- Answer the questions as directed
- Pay the registration fee by credit card

### **OR**

#### **Register by Mail—**

- Submit an application for the NCLEX Examination—available from your Board of Nursing or download from [www.ncsbn.org](http://www.ncsbn.org)
- Enclose a certified check, cashier's check or money order for the fee

### **OR**

#### **Register by Telephone—**

- Call NCLEX Candidate Services at one of the numbers listed in the Candidate Bulletin (available at [www.ncsbn.org](http://www.ncsbn.org))
- Pay the registration fee by credit card

### **AND**

Submit an application for licensure to the Board of Nursing and pay the licensure fee. After the Board determines that you meet all the requirements and declares you eligible, you will receive an Authorization to Test (ATT) in the mail (and through e-mail if you have provided an e-mail address on your registration). The ATT is required to schedule an appointment at any Pearson Professional Center to take the NCLEX examination, and to be admitted to the test center.



## The Role of the Nurse Practitioner and the Care of a Patient who is Addicted to Chemical Substances by Molly Phillipp, CRNP

*The following are excerpts from a research paper written by Molly Phillipp, CRNP.*

...As a Nurse Practitioner, as part of our role in providing good health care to our patients, we need to be able to instill some sort of confidence and desire within them so that they are willing and able to take the risk of being responsible for their own health. Asking about illicit drug use does not have to begin with long explanations or apologies. The best approach to use is a nonjudgmental, empathetic form of questioning. This is a now common problem in our society and it needs to be asked about in the same manner that you ask about other diseases and/or problems pertaining to their health history. Be aware that if a patient admits to drug or alcohol abuse or problems that there is a high probability that they [may] be abusing another substance too.

Ask about the patient's physical health in general. The presence

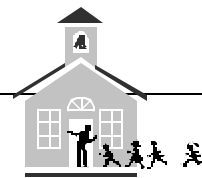
of multiple, often vague, physical or mental complaints is common in substance abuse or withdrawal. A history of multiple respiratory disorders may be indicative of cannabis, an inhalant or tobacco use. A triad of weight loss, tachycardia and chest pain could be indicative of amphetamine use and when a history of nosebleeds is added to this triad, cocaine use should be suspected.

Ask about symptoms of anxiety, depression which often coexist with substance abuse. These are such common symptoms in today's society and [it] is often difficult to ascertain whether the anxiety and depression are the result of the drug use or if the patient is using various types of self medication to help him to cope with the anxiety and depression. The level of drug use suspicion should be raised and added to the differential diagnosis.

continued on page 10.



## Nursing Programs Welcome New Faculty



The following professional and practical nursing programs have advised the Board that they have new faculty on campus this year—Faculty are full-time, part-time, or adjunct:

### *Boise State University—Boise*

- Sara Ahten, BSN
- Mikal Black, MA
- Evelyn Floyd, BSN
- Virginia Gilbert, MSN
- Faye Gravitt, MSN
- Lois Hine, MSN
- Susan Parslow, MSN
- Eldon Walker, MA
- India Sener, BSN
- Melanie Lally, BSN
- Judy Farnsworth, PhD
- Kathleen Jaeger, MSN
- Katrina Bentley, PhD
- Eleanor Hilvers, MSN
- Kathleen Martin, MSN

### *Brigham Young University—Idaho—Rexburg*

- Kimberlie Gunderson, BSN

### *College of Southern Idaho—Twin Falls*

- Randa Renda, BSN
- Mindy Babbitt, BSN
- Mary Ann Gilmore, PhD
- Roanne Mancari, BSN

### *Eastern Idaho Technical School—Idaho Falls*

Downie Finley, BSN

Lori Hoffman, BSN

Elaine Miller, BSN

### *Idaho State University—Pocatello*

Kathleen Olsen, PhD

Susan Steiner, MS, PhD

Sharon Job, PhD

Rita Miller, MSN

Judith Nagel, MS

Cherie Hulse \_\_\_\_\_

### *Lewis-Clark State College—Lewiston*

Marcia Skinner, MSN

Jonna Anderson, BSN

### *North Idaho College—Coeur d'Alene*

Shannon Badgett, Diploma

Ella Marie Anderberg, BSN

Jennifer Gabriel, MSN

Marti Stow, BSN

### *Northwest Nazarene University—Nampa*

- Barbara Lester, MSN

- Lois Moore, MSN

- Karen Ray, BSN

- Judy Taylor, MSN

The Board of Nursing extends a warm welcome to all new faculty.



## Who We Are.....

Board of Nursing staff are available to assist you with questions:

Sandra Evans, MAEd, RN—Executive Director

- Responsibility for Administration, Education and Licensure

Vicky Goettsche, MBA, RN—Associate Director

- Responsibility for Practice and Discipline

Linda H Coley—Management Assistant

- Responsibility for Office Management

Lisa Daniels—Licensure Clerk

- Responsibility for Endorsement/Reinstatement Apps, Verification of Licensure, Name Changes

Nancy Dayhoff—Secretary, Examination Clerk

- Responsibility for Secretarial Support for Administrative Staff, Examination Processing

Diane Mundlin—Financial Support Tech

- Responsibility for Payroll, Financial Records, Renewal Processing, Personnel

Karri Gilley—Receptionist/Office Specialist

- Responsibility for Greeting/Directing Customers, Nurse Apprentice Applications, Education Correspondence



## The Role of the Nurse Practitioner—continued from page 8

These recommendations [provided by the manufacturer of OxyContin] can be applied to any potentially abusive medication. They are as follows:

- Do not leave prescription pads unattended in your office or examination rooms. Keep them in your pocket or lock them in file cabinets.
- Never sign an incomplete prescription.
- Use numbers and letters, as you do on a personal check, to write the quantity and strength of the drugs on your prescriptions.
- Ask the patient which pharmacy he intends to use, and write the name of the business on the prescription.
- Consider faxing the prescription to the pharmacy so it is easier for the pharmacist to authenticate it.

It may be difficult to recognize those of our patients who may be abusing prescription narcotics, sedatives or anti-anxiety medications but there are some red flag indicators that may help to recognize a pattern of abuse. Cooperation and information sharing with the pharmacist also can give you some very valuable insight. It is recommended that we be aware, especially one new to your practice who:

- Requests early refills
- Displays impulsive behavior
- Asks for an appointment at a time when you may be rushed, such as at the end of office hours or calling after hours
- Avoids a physical examination, history taking, or diagnostic testing or gives vague medical history
- Refuses medication in the largest dosing size appropriate for his prescription that is, the size that would be most convenient. Lower dose pills are easier.

- Has multiple prescription providers
- Claims to have no health insurance and/or regular health care provider
- Says that the clinic where his medical records were kept has gone out of business
- May be feigning illness
- Has a history of alcohol or substance abuse
- Seems to recite textbook lists of symptoms
- Has an unusually good knowledge of controlled substances
- Requests a specific controlled substance and refuses others
- Says that the non-opioid analgesics you recommend are ineffective or that he is allergic to them
- Claims to be a patient of one of your colleagues or partners
- Spouse calls for refills
- “Lost” prescription
- Evidence of intoxication

It is important that we not get tunnel vision or focus only on the stereotypical image of the drug abuser. Substance abuse knows no boundaries and encompasses women [persons] of all ages, races and economic backgrounds. We should be especially careful not to exclude the older women due to their extreme susceptibility to become easily and unknowingly addicted to prescription medication. Recognize that while the younger population may be attending rave parties, the older adult may be obtaining prescriptions from a multitude of healthcare providers. We need to continually educate ourselves about the problems of addiction and the multifaceted ways that it can affect our lives.

We need to keep our ears opened to the facts, our eyes focused on the problem and our heart harnessed with just enough empathy to remain objective. Together we can make a difference.

*Molly Phillipp is a women's health nurse practitioner located in Idaho Falls, Idaho.*

## Delegating Effectively: Working Through and With Assistive Personnel

This comprehensive training program is designed to help nurses and nursing students review and learn how to master delegation skills. It outlines a step-by-step approach to insuring the best way to achieve positive client outcomes by working effectively through and with others, specifically assistive personnel.

The facilitation program describes the benefits of effective delegation and teaches the steps of the delegation process, along with the five “rights” of delegation. Learner activities will assist the instructor in exploring the gray areas of delegation with learners and help them evaluate their delegation skills.

The “Delegating Effectively” program includes a video, overheads, facilitator’s notes, interactive learning exercises, detailed references and resources.

The National Council of State Boards of Nursing developed this educational program for use by nurse educators and managers in a variety of academic and clinical settings. This program is for every nurse in every practice setting at every level of practice. For ordering information: contact Niche Communications by e-mail at [nichecom@comcast.net](mailto:nichecom@comcast.net) or call/fax 410/335-2618.



## Address Changes

It is now required by IDAPA 23.02.02.008.01.02, Board of Nursing Rules, that the Board be advised of address changes. If your address has changed, please complete this form and return to the Board of Nursing, PO Box 83720, Boise, Idaho 83720-0061. You may also telephone the Board office (208) 334-3110 (menu option 2-2) and record your address change or e-mail to lcoley@ibn.state.id.us.

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